

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 01 JAN 11 AM 9:27 *WR*
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA *1/17*

DOCUMENT # *L99000002246*

1. Limited Liability Company's Name

ALPHAFX, LC
1339 SW 3rd Street
Boca Raton, FL 33486

2. Principal Office Address

1339 SW 3rd Street

3. Mailing Office Address

1339 SW 3rd Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton, FL

City & State

Boca Raton, FL

Zip

33486

Country

USA

Zip

33486

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified To Do Business in Florida

April 21, 1999

6. FEI Number

65-0934997

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

\$500 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

AKrapol Supapol

700003856417-8

Street Address (P.O. Box Number is Not Acceptable)

1339 SW 3rd Street

-03/16/01--01091--017

*****200.00 ****200.00*

Suite, Apt. #, Etc.

City

Boca Raton

State

FL

Zip Code

33486

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date *1/8/2001*

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<i>MGRM</i>	<i>Akrapol Supapol</i>	<i>1339 SW 3rd Street</i>	<i>Boca Raton, FL</i>

REINSTATEMENT 2000

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager

[Signature]

Date *01/06/2001* Daytime Phone# *305-218-4321*

Typed or printed name of signing Managing Member/Manager

AKrapol Supapol

CR2E041 (9/00)